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CONFIRMATION NO. 3883

<b>SERIAL NUMBER</b> 10/578,673	<b>FILING OR 371(c) DATE</b> 05/09/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b>
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EG04/00046 11/09/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EGYPT 2003111025 11/11/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 11/17/2006**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> EGYPT	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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**TITLE**

AN INTRAVENOUS DEVICE AND METHOD FOR REMOVING OF MYOGLOBIN FROM CIRCULATING BLOOD

<b>FILING FEE RECEIVED</b> 980	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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